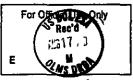
Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Faiture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9000	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name, file number, and address of labor organization			
Name KEVIN M HARVEY	Name IBEW LOCAL 25			
	Labor Organization File Number 039-321			
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any			
Street 370 VANDERBILT MOTOR PARKWAY	Street 370 VANDERBILT MOTOR PARKWAY			
City HAUPPAUGE	Crty HAUPPAUGE			
State New York ZIP Code + 4 11788	State New York ZIP Code + 4 11788			
5 Position in labor organization RECORDING SECRETARY				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions). A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of				
monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6 Name and address of Employer (including trade name, if any) 7 a Nature of Interest, Transaction, or Income				
Name				
Trade Name, if any				
Hade Hallie, II ally				
PO Box, Bidg , Room No , if any	7 b Amount			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)				
Signed X fauch	On X 08/12/05 Telephone Number			
Form LM-30 (2003)	D4-40			

Name of Person Filing KEVIN HARVEY	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any)	9 Business deals with		
Name			
Trade Name, if any	a Labor Organization b Trust		
P O Box, Bldg , Room No , if any	c. Employer		
Street			
City S			
State ZIP Code + 4			
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing	7	
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any			
Street	11 b Approximate dollar value of such dealing		
City	12 a Nature of interest held or income received		
State ZIP Code + 4			
	12 b Amount.		
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name JOINT APPRENTICESHIP & TRAINING COMMITTEE	LOSS OF TIME PAYMENT FOR ATTEND. TRAINING INSTITUTE	ANCE AT NJATC	
Trade Name, if any			
P O Box, Bldg , Room No , if any		We have	
Street 370 VANDERBILT MOTOR PARKWAY		g The control of the	
City HAUPPAUGE		- Processing	
State New York ZIP Code + 4 11788			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.	\$1,227	

<i></i>		
Name of Person Filing KEV	IN HARVEY	File Number U-

Part C Continuation Page

ratt c Continuation Fage			
C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name JOINT APPRENTICESHIP & TRAINING COMMITTEE	REIMBURSEMENT OF EXPENSES FOR ATTENDANCE AT NJATC TRAINING INSTITUTE		
Trade Name, if any			
P O Box, Bldg , Room No , if any			
Street 370 VANDERBILT MOTOR PARKWAY			
City HAUPPAUGE			
State New York ZiP Code +4 11788			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment \$456		
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13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.		
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13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.		
Name			
Trade Name, if any			
P O Box, Bidg , Room No , if any			
Street			
Crty			
State ZIP Code + 4			
13 b is the Business an Employer or Consultant?	14 b Amount of payment.		